

Office 1

AGREEMENT BETWEEN THE
NEW HAMPSHIRE DIVISION OF PUBLIC HEALTH SERVICES
AND THE
NEW HAMPSHIRE DIVISION OF HUMAN SERVICES
RELATIVE TO
JOINT PLANNING AND
COORDINATION OF HEALTH PROGRAMS UNDER TITLE V, TITLE X, TITLE XIX AND WIC/CSFP

Whereas the Division of Public Health Services and the Division Human Services share a common responsibility in the delivery of quality comprehensive cost-effective health services to women, children and children with special health care needs and low income families; and in consideration of the mutual promises herein contained, the parties have agreed and do hereby enter into this cooperative agreement according to the provision set out herein.

This agreement is entered into and supported by the following staff of the operating agencies:

9/17/93 [Signature]
Date Director, Division of Public Health Services

9/17/93 [Signature]
Date Director, Division of Human Services

9/27/93 [Signature]
Date Commissioner, Department of Health and Human Services

CH 1

ATTACHMENT A

1991 - 1993

SUMMARY OF JOINT AGENCY ACTIVITIES

This attachment summarizes existing collaborative activities as well as activities planned or in process. At the Division level, the Medicaid Medical Care Advisory Committee includes three representatives from DPHS as permanent members, and the Department's Policy Coordination Committee includes one representative from DPHS.

The following collaborative activities are listed by DPHS programmatic unit.

BUREAU OF MATERNAL AND CHILD HEALTH (BMCH)

- Periodicity schedule for screening services to children ages 0-6: MCH child health programs and the EPSDT program known as the Child Health Assurance Program in New Hampshire (CHAP) utilize essentially similar periodicity schedules.
- Extended Prenatal Care: Effective January 1990, Medicaid approved an extended care reimbursement schedule for Public Health-funded prenatal clinics for services, including case management, to Medicaid eligible clients. Services are provided in accordance with policy developed by the Medicaid agency, public health, and prenatal clinics. During 1992, smoking cessation counselling was added.
- Public Information "Caring for Tomorrow's Children:" Public Health, Medicaid, Concord Hospital, and Blue Cross collaborated on a multi-media public information campaign and telephone hot line designed to increase the number of women seeking prenatal care in their first trimester. The campaign was implemented in October 1990.
- Uniform Eligibility: Discussion is ongoing on the concept of a uniform eligibility level as a standard for Medicaid and MCH programs serving women and children.
- Referrals: Discussions are ongoing with respect to the quality of referrals to the local DHH District Offices by local child health programs. Fact sheets developed by the Bureau of Special Medical Services and the Office of Economic Services for families will be adapted to assist agencies. A training session was done to assist in this process.
- Rate Setting: The BMCH collaborated with the Medicaid agency on program development and rate setting for state family planning programs by facilitating meetings between family planning agencies and the Medicaid program.
- The BMCH and Medicaid also collaborated on fee setting for EPSDT visits by Medicaid eligible children who attend local agency child health programs. Discussions are ongoing with respect to rates and procedure codes for other local child health program services such as home visits.

-7-

TN No. 93-20
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ATTACHMENT A (Continued)

BUREAU OF SPECIAL MEDICAL SERVICES

(BSMS - Programs for Children With Special Health Care Needs)

- **Program Information and Dissemination:** Fact sheets about various medical assistance programs have been developed for use within the Bureau of Special Medical Services to counsel families about financial assistance available through Medicaid and disseminated to well-child clinics, area agencies, family support coordinators and other human services agencies. These are updated as Medicaid eligibility changes occur. In service training about Medicaid has been conducted by the Chief, Bureau of Special Medical Services. An insider's guide about Medicaid is in the planning phase.
- **Model Demonstration Project - Outreach Efforts:** Since February 1989, a Case Technician trained in economic services eligibility has been jointly funded by Medicaid and DPHS. Stationed at the Bureau of Special Medical Services' Concord Office, this individual provides enhanced access, outreach and follow-up of referrals of Title V recipients to DHHS District Offices.
- **Care Management:** Case Management under the Bureau of Special Medical Services means long-term coordination and/or the provision of specialty health care services to include: (1) periodic evaluation to determine the child's specialty health care needs; (2) recommendations for treatment/interventions to facilitate meeting identified needs of the child and family; and (3) family support services defined as information and referral linkages to community resources, flexible financing options and parent-to-parent supports. Currently, families with Medicaid-eligible children under the care of the Bureau of Special Medical Services as well as persons with AIDS on Medicaid receive care management services. Beginning FY 94, new positions will be made available through shared funding.
- **Joint Medical Review Team:** The Bureau of Special Medical Services recruits and funds a pediatrician to be a member of the Joint Medical Review Team for HC-CSD and CSD eligibility determination. Additionally, for those children not determined Medicaid eligible, the Bureau of Special Medical Services provides linkages to other community resources including Title V, and information and referral to assist families in accessing specialty care for their child(ren.)
- **Provider Relations:** A common problem experienced by Medicaid clients is the inability to access specialty health care from a provider due to the choices of some practices to limit the number of Medicaid-eligible children seen at their offices. For Medicaid eligible children receiving care coordination from the Bureau of Special Medical Services, these children have been able to gain access via Bureau providers. Discussion continues on the development of consistent policies and standards for the provision of specialty health services by providers participating in Medicaid and Title V including health systems development to ensure the provision of all necessary services from outreach to referral through assessment, treatment and follow-through care.
- **Durable Medical Equipment Authorization (DME):** BSMS has been delegated the authority to approve and preauthorize medically necessary DME items on behalf of Medicaid recipients participating in CSI and CV programs.
- **Problem Resolution:** There is a need to establish a joint interdepartmental work group to problem solve around "system failures" due to continued categorical eligibility criteria and services.

12/1/93

ATTACHMENT A (Continued)

BUREAU OF WIC NUTRITION SERVICES (BWNS)

- **Program Information-Sharing and Referrals:** BWNS staff have attended CHAP staff meetings upon request to provide training in the Supplemental Food Program for Women, Infants and Children (WIC) and the Commodity Supplemental Food Program CSFP eligibility and services. CHAP staff have attended WIC Nutrition in-services to discuss their program also.
- **Documentation of Referrals:** Local WIC agencies code the Medicaid status (enrolled, not enrolled, referred) of every WIC participant at each recertification. Monthly reports are available on the number/percentage of participants for each program by local agency.
- **Immunization Reminders:** The BWNS and DPHS Immunization Program, along with the Medicaid Program have developed a reminder system which is sent to the parent of each WIC child participant at approximately 14 months of age, and costs for this activity are shared by programs. This system may be expanded in coordination with Immunization Program funds.
- **Information Distribution:** The WIC and CSFP Programs are under legislative mandate to distribute information regarding Medicaid and other Division of Human Services programs to each WIC participant or adult caretaker. The Bureau of WIC Nutrition Services has developed a fact sheet on DPHS and DHS Programs for distribution to each WIC/CSFP participant or adult caretaker.
- **Joint Application:** Agency discussion is needed on the concept of a joint WIC/CSFP, Title V MCH, Title X, and Title XIX application and protocols for accepting verification of common eligibility criteria (birth certificate, income, residence) performed by another of these programs.
- **Information-Sharing for Outreach:** Agency discussion is needed on the concept of developing protocols for forwarding names and contact information on prospective clients referred between the subject programs.
- **Reimbursement Issues for Nutritional Services:** Discussions have been held concerning Medicaid reimbursement of special infant formulas in amounts not covered by WIC; rental and purchase of electric breastpumps for premature or hospitalized infants; printing and mailing costs for immunization postcard reminders to WIC participants and nutritional assessment and counseling to medically high risk women or children.

-9-

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ATTACHMENT B

1993-1994

PLANNED COOPERATIVE ACTIVITIES

1. Establish minimum interagency health care standards for child and family health programs.
2. Develop and implement procedures for making interagency decisions, and resolving problems.
3. Develop policy and procedures which will authorize prenatal clinics to be "Qualified Providers" to enable them to expedite prenatal Medicaid eligibility determinations.
4. Improve the child health programs referral system.
5. Establish an enhanced care service component of child health programs, including Medicaid coverage of the provision of health care support and other services to improve childrens health status and function within the family and community.
6. Develop a CHAP Plus-Enhance EPSDT service plan.
Establish a reimbursement schedule for family planning counseling/education services.
8. Continue the discussion and work regarding a uniform eligibility level as a standard for Medicaid and MCH programs serving women and children.
9. Develop a multi-program health services application form, and referral process and follow-up protocols for services offered through Title V, WIC-CSFP, Title X and Medicaid.
10. Establish nursing coordinators for HC-CSD/AIDS/SSI/Medicaid clients.
11. Continue the work and discussions regarding revisions to the administrative rules for HC-CSD/CSD eligibility.
12. Develop an insider's guide to Medicaid.
13. Improve notification to Medicaid recipients of the availability of services provided by the Family Planning Program by participating in joint outreach activities.
14. Provide Medicaid with a listing of health clinics and satellite sites which will participate as providers of Medicaid services. Notify Medicaid of new clinics and name changes when appropriate.
15. Improve access to and utilization of maternal and child health services for uninsured, low-income pregnant women and children by:
 - a. expanding Medicaid eligibility,
 - b. establishing procedures in the medical assistance program for improved outreach and enrollment for pregnant women and children,
 - c. establishing procedures for improved coordination of the Medicaid program for pregnant women and children with other publicly funded health programs serving mothers and children
 - d. instituting an aggressive public education campaign regarding the availability of Medicaid coverage for maternal and child health services, the existence of other publicly-funded health programs

-10-

TN No. 93-20

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- serving mothers and children, and the advantage of preventive health care,
- e. instituting a newborn home visiting program whereby a licensed health professional makes a home visit to targeted households with Medicaid covered newborns within 60 days after birth to encourage families to participate in the EPSDT program, conduct a health screen, and to better ensure continued Medicaid coverage of the infant,
 - f. providing for the receipt and initial processing of initial Medicaid applications from individuals at locations which are other than HHS District Offices and which include providers of Title V MCH services and Child Health Services, Title X Family Planning Services, WIC/CSFP, and Early Intervention program sites, as well as those required under 42 U.S.C. 1396 a (a) (55),
 - g. instituting a formal procedure for taking maternity-related medical assistance applications at the offices of "qualified providers" including the providers listed in RSA 167:68, and non-district office sites,
 - h. instituting a formal procedure of making Medicaid services available to a pregnant woman during a "presumptive eligibility period" as provided in 42 U.S.C. 1396 r-1 and
 - i. continuing rulemaking and other measures designed to make Medicaid reimbursement available to these publicly funded health programs for medically necessary case management and care coordination services provided by these agencies to Medicaid eligible pregnant women and children.

-11-

TN No. 93-20

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STATE New Hampshire

Office 1
TN 93-020
Title XIX-NH
~~PEO 11-81-17-a~~
Attachment 4.16-A
~~Page 5~~ Page 2j

~~the appropriate fee schedule. In addition, the Bureau of Dental Health is responsible for prior authorization review of crippling malocclusion, and Maternal and Child Health Program shall determine which Home Health/Visiting Nurse agencies are capable of providing services in accordance with the screening protocol and periodicity schedule and notify the Medicaid agency in writing.~~

IV. Agreement with Division of Vocational Rehabilitation (VR)

The objectives of this agreement are: (1) to enable the eligible client population of both agencies to benefit from services available through both programs; (2) to promote the exchange of relevant information about mutual clients; (3) to state agency service goals and clarify associated agency policies.

The agreement provides for (1) referral of all Medicaid applicants/recipients to VR and screening by VR; (2) exchange of medical, social and vocational data on mutual clients with client release of information; (3) provision and payment for services for eligible clients by each agency within the scope of each program; (4) delineation of individual responsibilities in certain mutual service areas; (5) designation of staff in each agency responsible for liaison, coordination and other identified responsibilities; (6) mutual agreement prior to delivery of service before any commitment for payment on behalf of a client by one agency becomes binding on the other; (7) annual review of the agreement; (8) written notification by one agency to the other of changes in policy or provision of client services that would affect the substance of the agreement.

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